Commentary

Nora's 'Living Will'

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Nora had lived 84 years, enjoying a full and fruitful life. She loved children, her own and everyone else's, playing their games with them throughout her fourscore years. Her son called her the "oldest teenager on the block." And now we three attending physicians were sitting across a conference table from Nora's son, trying to answer the questions he threw at us: "What good is my mother's 'living will' if you doctors won't honor it? Why can't you abide by Mother's wishes and let her die?"

His sturdy 84-year-old Scandinavian mother, Nora, had been in robust health until the evening she came into the emergency room, laid low by a perforated gastric ulcer. Now almost a month had passed, and Nora was hanging onto life by a slim thread, owing to what seemed to be insurmountable postoperative complications. She had been semicomatose for 3¼ weeks and was now supported by a ventilator, oxygen, intravenous administration of fluids and an ensemble of exotic antibiotics.

A member of the family had located a living will that Nora had signed nine years ago, and now we two surgeons and an internist were being asked to abide by the wishes she had expressed almost a decade ago. But we were hesitating, remembering that such a will had to be renewed every five years. We had to assume, therefore, that our hands were tied because the will was outdated. We also recalled that a living will was defined as a directive made by a patient who was suffering from a "terminal" condition such as cancer. But our patient was dying of cardiorenal failure due to peritonitis and therefore did not fall into the proper "terminal" category.

Because of these two considerations—the out-dated will and the lack of evidence of a terminal condition at the time the will was signed—we were on the horns of a legal dilemma. It seemed easiest to procrastinate.

Finally, under family pressure, we cautiously withdrew part of the artificial life support—the ventilator, the tube feeding, the antibiotic medications—but we just could not bring ourselves to go all the way and turn off the oxygen—to "pull the plug."

And so Nora, gasping, struggling for every breath, clung to that thin thread of life.

At last a sister, the eldest member of the family, no longer able to watch this suffering, drew on her stalwart Swedish courage and demanded that *all* artificial life support be removed. After an hour-long conference with our ethics committee and another with the entire family, we gave in to their wishes and discontinued giving the oxygen; 3½ hours later, Nora stopped struggling for breath and quietly slipped from this earthly life.

In retrospect, we physicians realize that because of our timidity we had caused needless anguish by not being willing to give up sooner. And what a waste of time and money. We could plead for forgiveness on two counts: First, because by training and tradition, we are compelled to preserve life at all costs; and, second, because the litigious climate we live in saps us of our courage.

Ironically, on the day after Nora's death, our state legislature decided to amend the Natural Death Act. Now the Act provides that (1) no longer is there the requirement that a person preparing a living will must be suffering from a terminal condition, and (2) the five-year limitation is eliminated. This directive now takes the form of what is legally defined as a "durable power of attorney."

The Noras of the future may now be spared the anguish of prolonged dying. As surrogates, the family members may assert their decision-making rights. And we physicians may act with forthright courage—and kindness.

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